

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Drappe Town

Daphney Benson County

Talbot

MARYLAND

Date

of death 1909

Month

11

Day

20

Years

Age

69

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Talbot Co Md

Occupation

Housewife

When Residing if not
at place of deathMarried, Single
or Widowed

Widow.

Name of Wife or
Husband

Joseph Benson

Father's
Name

William Jones

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Sarah

Mother's
Birthplace

Talbot Co Md

Name of person giving
Information

Rollins Benson

How related
to deceased

son

CAUSES OF DEATH

Primary

Right. Hemiplegia
Exhaustion

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Joseph A Benson
Drappe, MdPHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

Mary Ellen Blainire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Trappe</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death 190 ^{Month} <i>Nov.</i> ^{Day} <i>19</i>		Age ^{Years} <i>72</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Somerset Co., Md.</i>	
Occupation <i>Matron</i>		Where Residing if not at place of death <i>County Home</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Charles Blainire</i>			
Father's Name <i>George Clark</i>		Father's Birthplace <i>Unobtainable</i>			
Mother's Maiden Name <i>— Not Known</i>		Mother's Birthplace <i>Unobtainable</i>			
Name of person giving Information <i>John de Gruchy</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long <i>Several years</i>
Immediate	<i>Cardiac dilatation</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. Seymour</i>
		Address <i>Trappe Md</i>
Accident or Suicide <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Carson</i>		County <i>Talbot</i>	
Date of death	1909	Month <i>Nov</i>	Day <i>4</i>	Age <i>80</i>	Years <i>80</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Annapolis</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Not Known</i>				
Father's Name <i>Isaac Henson</i>	Father's Birthplace <i>U S</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>U S</i>				
Name of person giving information <i>Willie Burroughs</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

27

Primary <i>Demorrhage</i>	How long <i>10 minutes</i>
Immediate <i>Tuberculosis</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James B. Merritt</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Nicky Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cordova

Town

Talbot

County

Date
of death 1909Month
11Day
10Age
29

Years

Months

Days

Sex
FemaleColor or
Race

White

Birth-
place

Caroline Co

Occupation

Housewife

Where Residing if not
at place of death

Cordova Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James - E. Butler

Father's
Birthplace

Caroline Co

Mother's
Maiden Name

Nancy Butler

Mother's
Birthplace

Caroline Co.

Name of person giving
Information

Wm. Butler

How related
to deceased

Brother -

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

9 days

Immediate

Intestinal Hemorrhage

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. M. Still, M.D.

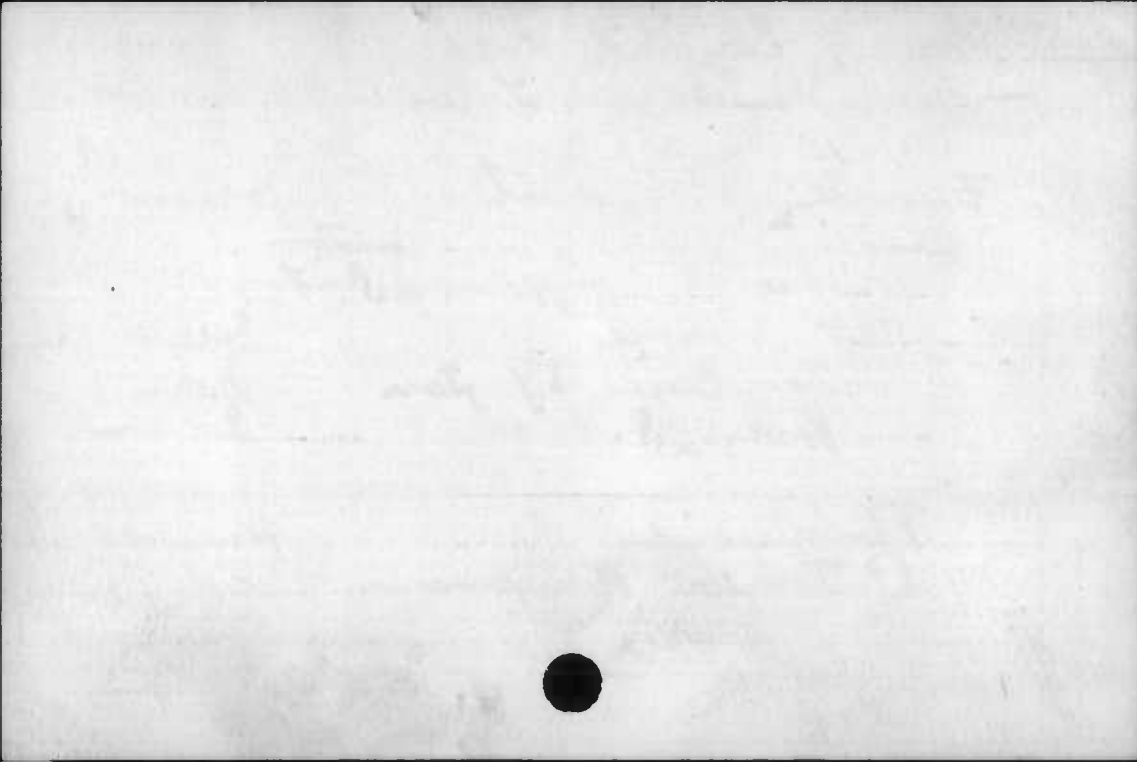
Address

Cordova

Accident or Suicide?

No -

Md.



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Fisher

TO BE ANSWERED BY
NEAREST FRIEND

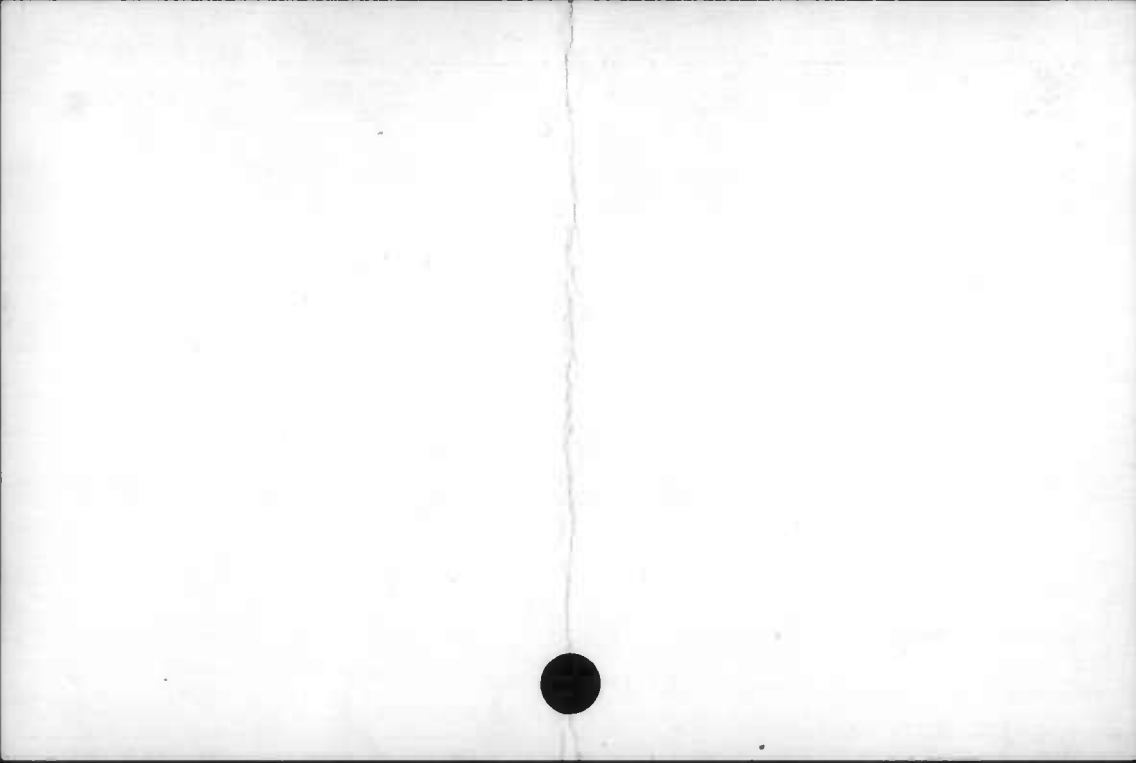
Died at <i>North Queen Anne</i>		County <i>Lobos</i>		MARYLAND	
Date of death	1909	Month	11	Day	2
Age	72	Years	2	Months	19
Sex	Female	Color or Race	White	Birth-place	Delonore
Occupation	Invalid		Where Residing if not at place of death <i>with</i>		
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry S. Fisher		
Father's Name	Wm Powell	Father's Birthplace	Delonore		
Mother's Maiden Name	Mary Elizabeth Paxton	Mother's Birthplace	Delonore		
Name of person giving Information	Harry S. Fisher		How related to deceased <i>Son</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Four years</i>
Immediate	<i>Cerebral Pneumonia</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robley Hackett, M.D.</i>
		Address	<i>Queen Anne, Md.</i>
Accident or Suicide	<i>no</i>		



Name
in
Full

Nancy Ellen Gray -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

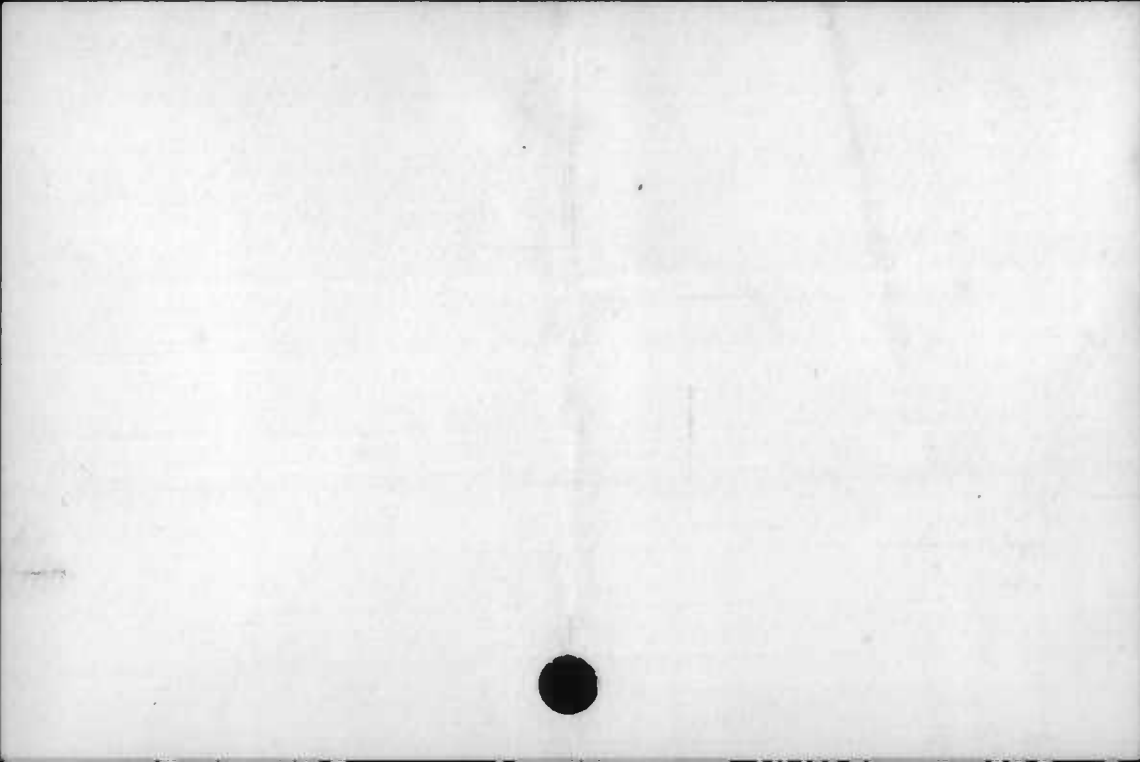
Died at		Town Oxford		County Walton		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	17	19	19	5	23
Sex	Female		Color or Race	Colored		Birth-place	Oxford Md.
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Horace Gray				Father's Birthplace	
Mother's Maiden Name		Lizzie Raker				Mother's Birthplace	
Name of person giving information		Horace Gray				How related to deceased	
						Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	10 Months
Immediate	Physical Exhaustion		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. M. Coates M.D.	
		Address	Oxford, Md.	
Accident or Suicide?				



Name
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CERTIFICATE OF DEATH

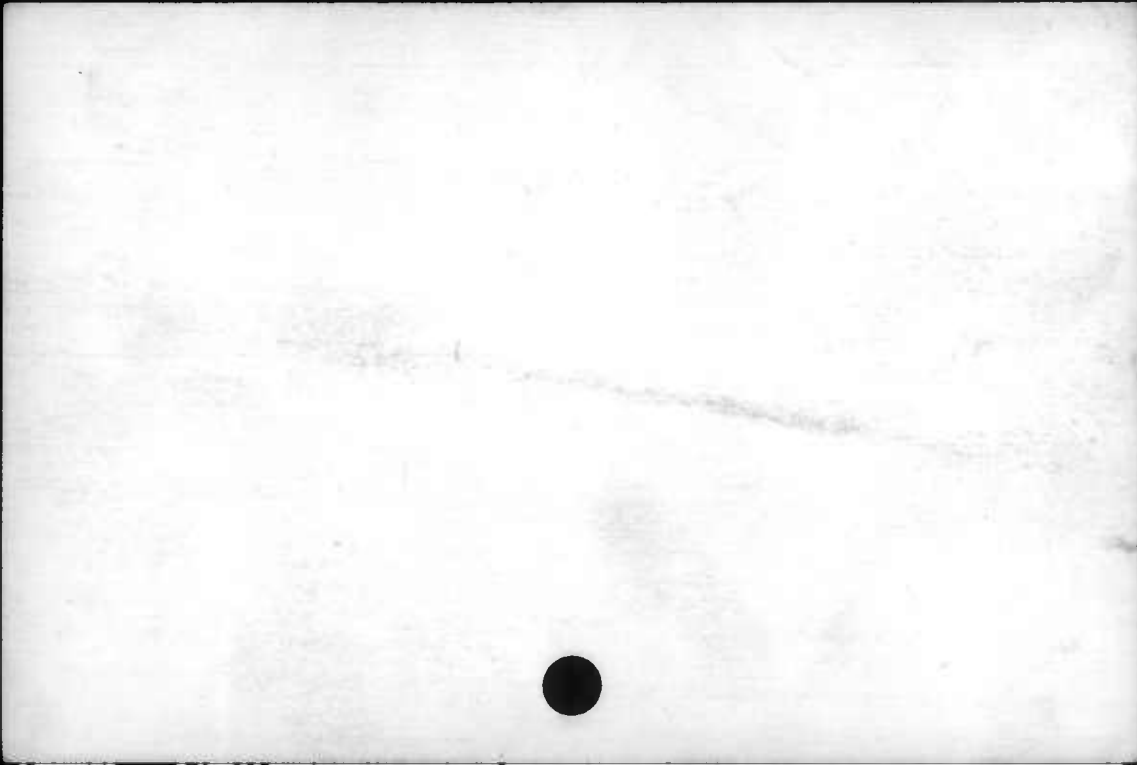
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Revival Center</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND					
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>8</i>		Years <i>9</i>		Months <i>7</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Talbot Co Md</i>							
Occupation <i>None</i>				Where Residing if not at place of death							
<input checked="" type="checkbox"/> Married, Single or Widowed				Name of Wife or Husband <i>X</i>							
Father's Name <i>Albert E Harris</i>				Father's Birthplace <i>Talbot Co Md</i>							
Mother's Maiden Name <i>Ellen E Smith</i>				Mother's Birthplace <i>Talbot Co Md</i>							
Name of person giving Information <i>Albert E Harris</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Aschemia</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James E. Triple</i>	
		Address <i>Bayard Oak Md</i>	
Accident or Suicide <i>-</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Blanche Virginia Johnson.

CERTIFICATE OF DEATH

Died at ^{Town} Chapel ^{County} Talbot MARYLAND

Date of death 1909 ^{Month} Nov ^{Day} 6th ^{Years} Age 24 ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Chapel

Occupation Housewife Where Residing if not at place of death Chapel

Married, Single or Widowed Married Name of Wife or Husband Jacob. E. Johnson

Father's Name Charles Gardner Father's Birthplace Chapel

Mother's Maiden Name Mary Price Mother's Birthplace Easton

Name of person giving information Jacob. E. Johnson How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis How long about a year

Immediate Hemorrhage (Pulmonary) How long a few minutes

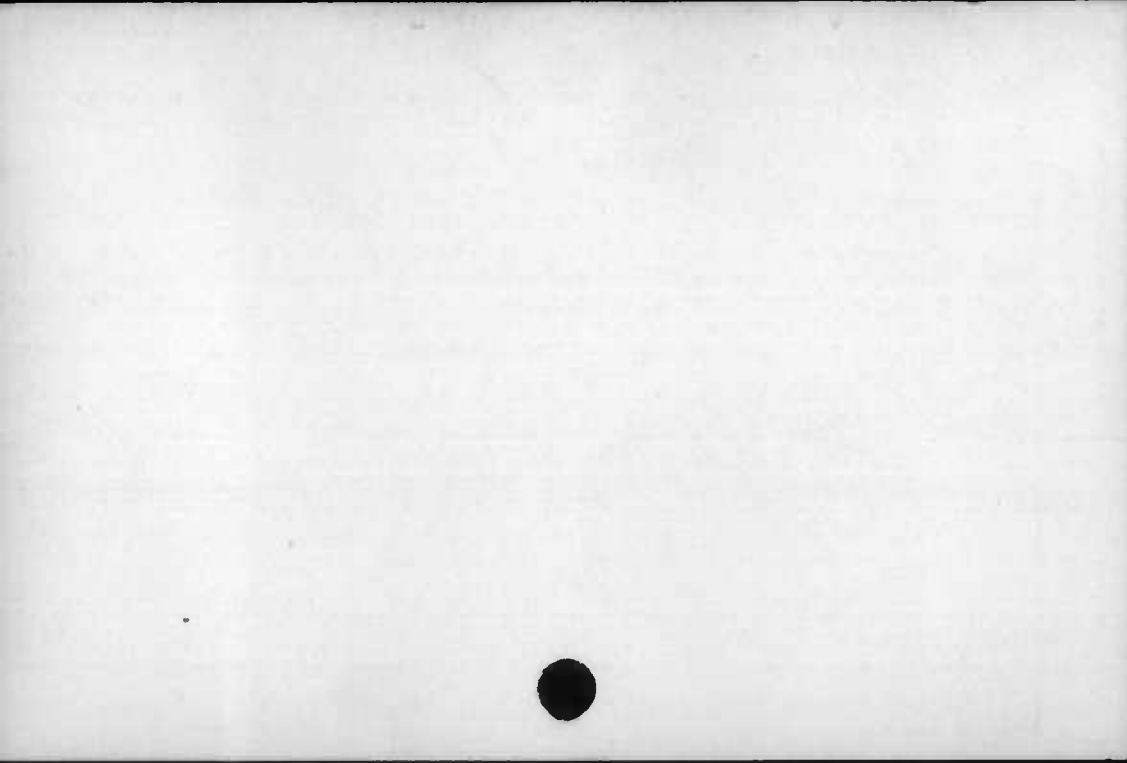
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. M. Stettin

Address Cordova Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
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CERTIFICATE OF DEATH

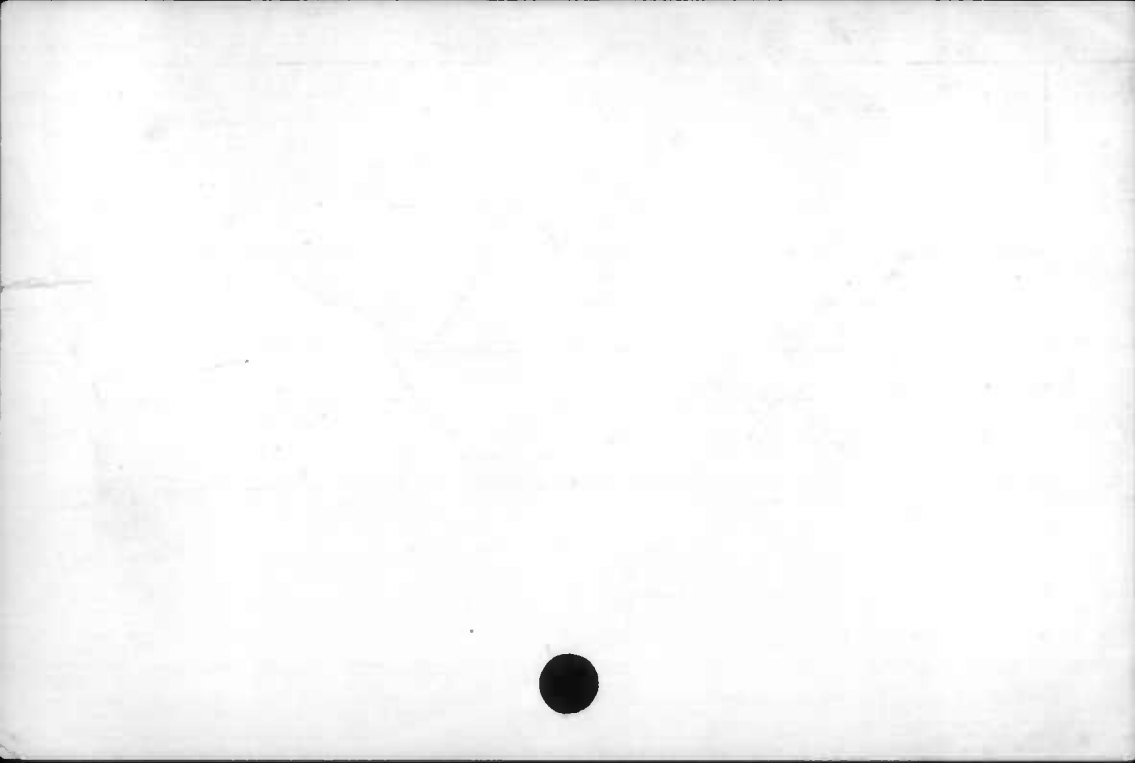
TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Royal Oak* Town *Salvator Co* County **MARYLAND**
 Date of death *1909* Month *11* Day *12* Age *—* Years *—* Months *—* Days *5 hours*
 Sex *—* Color or Race *White* Birthplace *near Royal Oak*
 Occupation *Infant* Where Residing if not at place of death *—*
 Married, Single or Widowed *Infant* Name of Wife or Husband *Infant*
 Father's Name *Geo Jump* Father's Birthplace *Worcester Co*
 Mother's Maiden Name *Bessie Coulbourn* Mother's Birthplace *Worcester Co*
 Name of person giving Information *Geo Jump* How related to deceased *father*

CAUSES OF DEATH

Primary *Premature birth* How long *151* ✓
 Immediate *Spasms* How long *3 or 4 hours*
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Sam'l C. Tripper*
 Address *Royal Oak. Ind.*
 Accident or Suicide ☐

PHYSICIAN
OR CORONER



Name
in
Full

Velma D. Maddox

CERTIFICATE OF DEATH

Died at Belvue ^{Town} Talbot ^{County} **MARYLAND**

Date of death 1909 ^{Month} Nov. ^{Day} 8. ^{Years} 1 ^{Months} 2. ^{Days}

Sex Female Color or Race Colored. Birth-place Talbot co Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameJos. E. MaddoxFather's
BirthplaceSomerset comdMother's
Maiden NameMary L. Thomas.Mother's
BirthplaceTalbot co Md.Name of person giving
InformationJos. E. MaddoxHow related
to deceasedFather

CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 weeks

Immediate

Heart Failure

How long

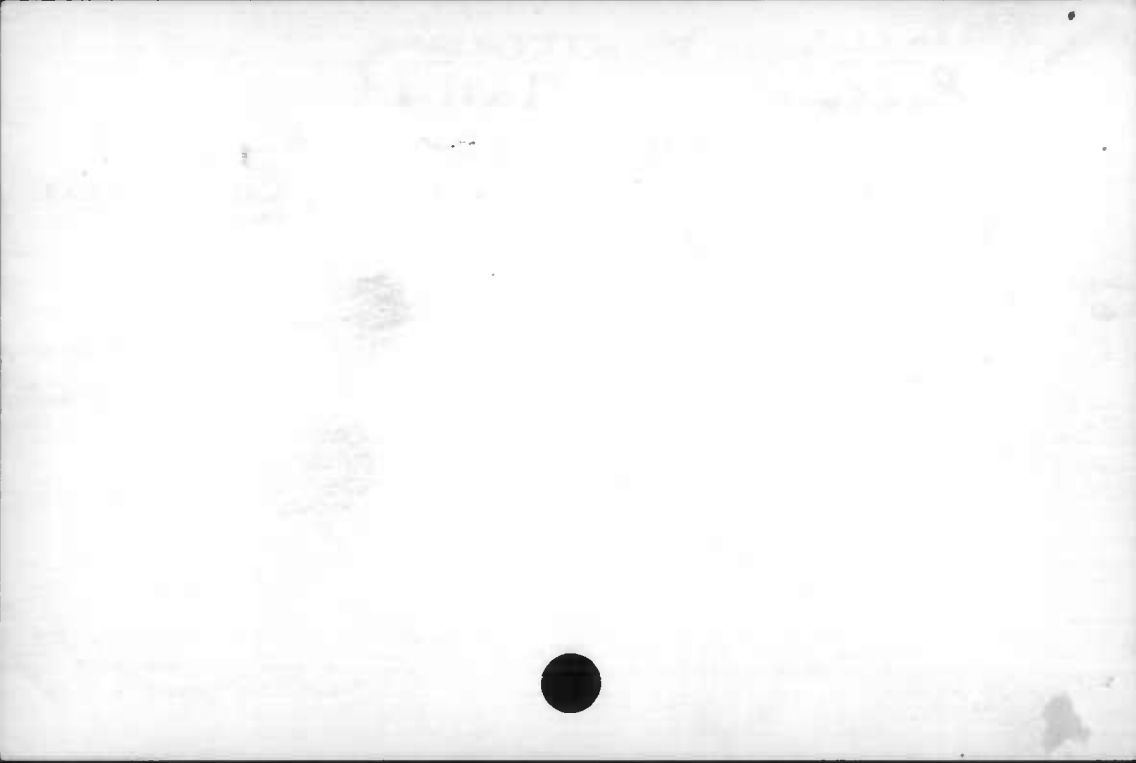
Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. D. Davis

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	11	Day	24
Age	73	Years	6	Months	4
Sex	Male	Color or Race	Colored	Birth-place	Caroline
Occupation	Farm Hand		Where Residing if not at place of death <u>Easton</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Matthews		
Father's Name	John Matthews		Father's Birthplace	Caroline	
Mother's Maiden Name	Martha Jones		Mother's Birthplace	Indiana	
Names of person giving Information	W. H. Lord		How related to deceased	None	

CAUSES OF DEATH

108

Primary	<u>Intest Obstruction</u>	How long	<u>6 days</u>
Immediate	<u>Anthrax</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>P. L. Traversy</u>
		Address	<u>Easton, Md.</u>
Accident or Suicide	<u> </u>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James B. Moore

Town

County

Trape

Tallbot

MARYLAND

Date

of death

1909 Nov. 27

Month

Day

Age

Years

2

Months

4

Days

—

Sex

male

Color or
Race

white

Birth-
place

Tallbot Co.

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

S.

Name of Wife or
Husband

—

Father's
Name

John E. Moore

Father's
Birthplace

Tallbot Co. Md

Mother's
Maiden Name

Catherine Fairbanks

Mother's
Birthplace

Tallbot Co.

Name of person giving
Information

J. J. Moore

How related
to deceased

Father

CAUSES OF DEATH

Primary

Membranous Croup
asphyxia

How long

36 hrs.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Mr. S. Seymour

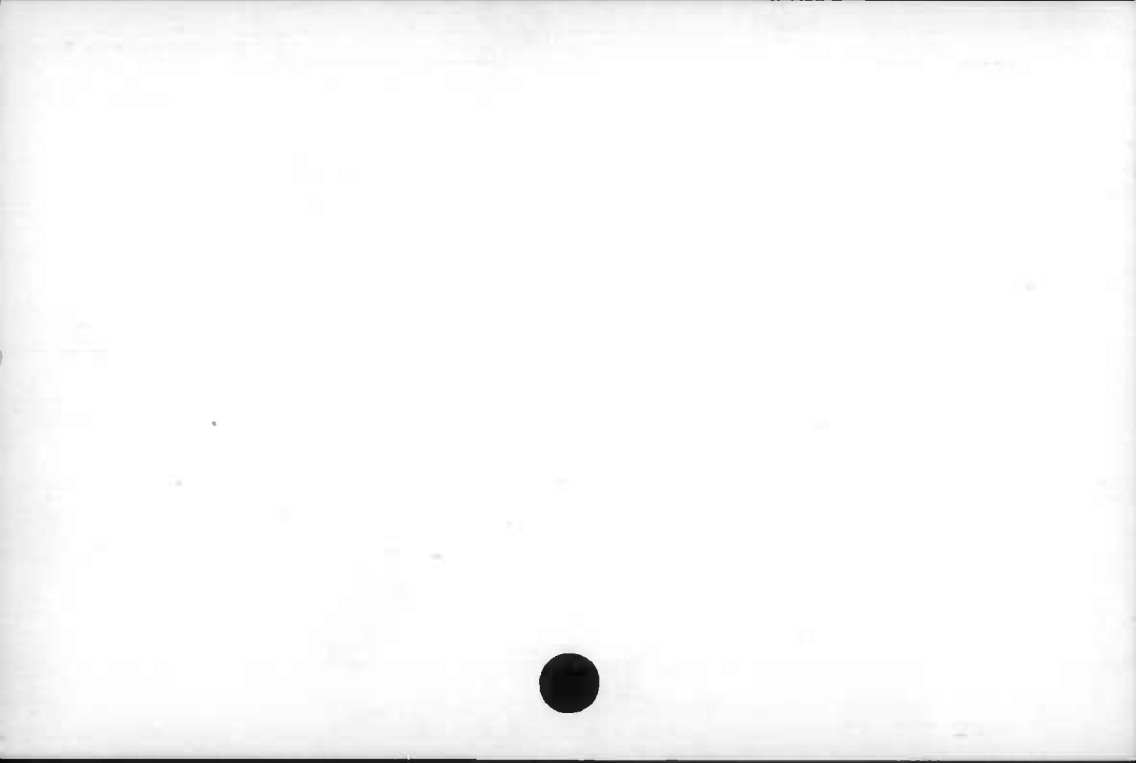
Address

Trape Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

A. J. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	30	73		+	-
Sex	male		Color or Race	white		Birth-place	Hagerstown
Occupation	Shy. Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jane Price			
Father's Name	do not know				Father's Birthplace	do not know	
Mother's Maiden Name	do not know				Mother's Birthplace	do not know	
Name of person giving Information	John T Price				How related to deceased	son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease		How long	One year
Immediate	Eclampsia		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			S. C. Williams	
			Easton Md	
Accident or Suicide				



Name
in
Full

Thomas Cecil Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

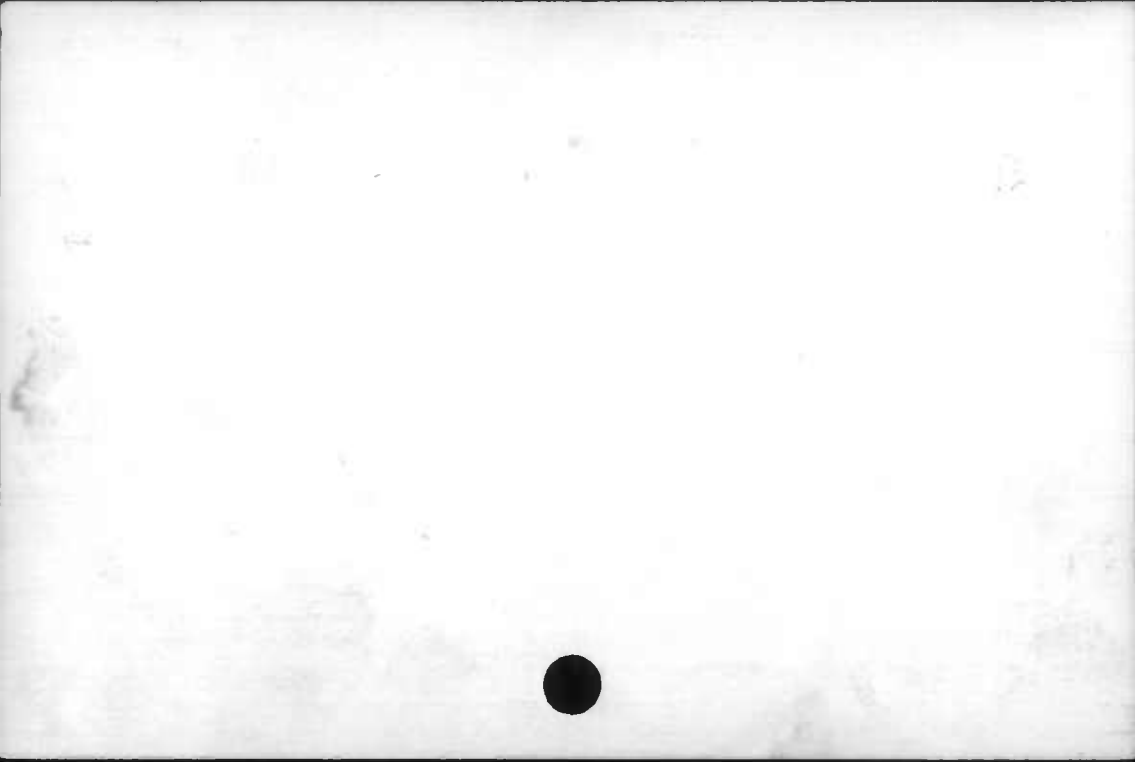
Died at <u>Tilghman</u> ^{Town}		<u>Salat</u> ^{County}		MARYLAND	
Date of death 1909 <u>Nov</u> ^{Month}		<u>14</u> ^{Day}	Age <u>-</u> ^{Years}	<u>2</u> ^{Months}	<u>17</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Tilghman</u>	
Occupation <u>-</u>			Where Residing if not at place of death <u>"</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Horfield McClain Richardson</u>		Father's Birthplace <u>Tilghman</u>			
Mother's Maiden Name <u>Ellen Agnes Richardson</u>		Mother's Birthplace <u>Dorchester Co</u>			
Name of person giving Information <u>Horfield Richardson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>From birth</u>
Immediate <u>Inanition</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. K. McLean</u>
	Address <u>Tilghman Md</u>
Accident or Suicide <u>No</u>	



Name
in
Full

James Roberts

CERTIFICATE OF DEATH

Died at <i>Prisquide Farm</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Wby Md</i>		
Occupation <i>Blackman</i>	Where Residing if not at place of death <i>Prisquide Farm</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Alice Roberts</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving Information <i>Perry Roberts</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Carcinoma of prostate</i>	How long <i>About 3 years</i>
Immediate	<i>hemorrhage lungs</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. O. Wellson</i>	
	Address <i>Crastou Md</i>	
Accident or Suicide		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Somers* Town *Easton* County *Falbot* MARYLAND

Died at *Easton*

Date of death 190*9* Month *Nov* Day *26* Age *24* Months *5* Days *1*

Sex *Male* Color or Race *Colored* Birth-place

Occupation *Latimer* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *John W Brooks* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Ann Somers* Mother's Birthplace *Ind*

Name of person giving Information *John Somers* How related to deceased *Brother*

CAUSES OF DEATH

28

Primary *Tubercular Meningitis* How long *1 Month*

Immediate *Same* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. R. Zipp*

I saw him first time Address *Easton*
day before he died

~~Accident or Suicide~~

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

J. O. Sparklin

Town

County

MARYLAND

Died at Easton

Talbot

Date

of death

1909

Month

11

Day

14

Age

Years

57

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Talbot Co.

Occupation

Clystman

Where Residing if not
at place of death

Easton

Married, Single
or Widowed

Single

Name of Wife or
Huband

Father's
Name

Wm. Sparklin

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Arena Boone

Mother's
Birthplace

"

Name of person giving
Information

Greenbury Marshall

How related
to deceased

cousin

CAUSES OF DEATH

(120)

Primary

Chronic Nephritis (Bright's)

How long

17 mos

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Ys

Signature of
Physician

Chas. J. Warden

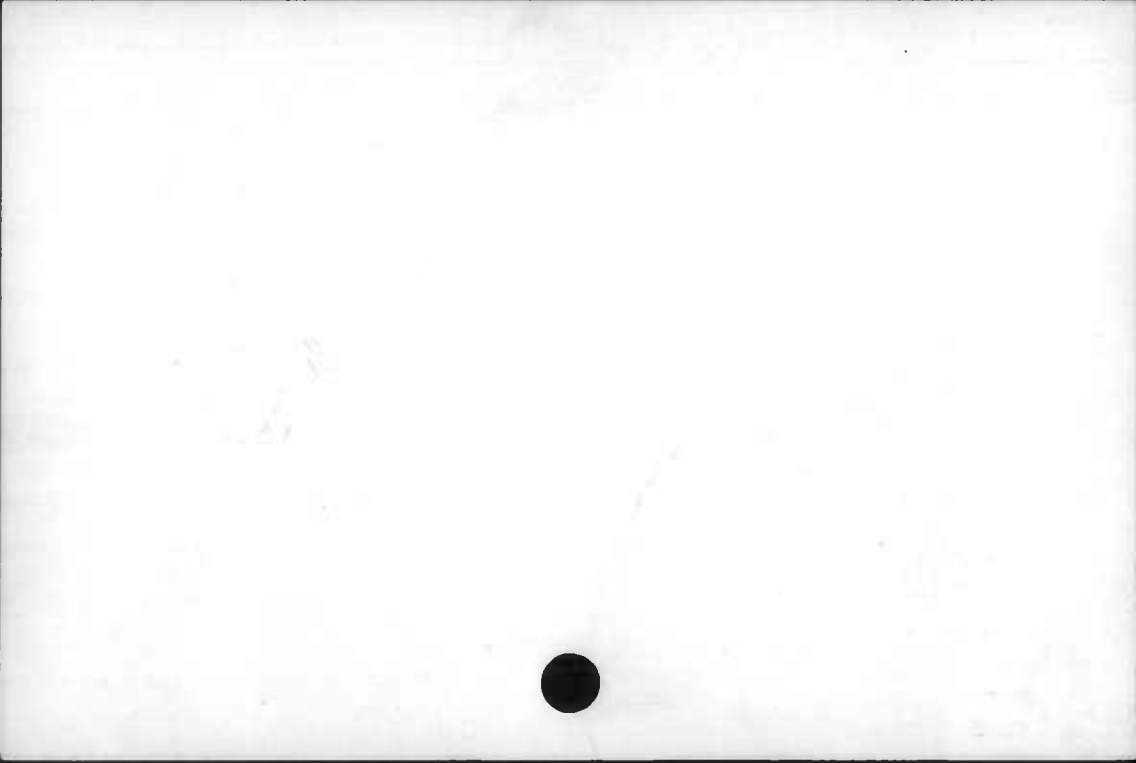
Address

Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Georgianna S. Sroats

CERTIFICATE OF DEATH

Died at

Trappe

Town

Talbot

County

MARYLAND

Date

of death

1909 Nov, 26

Month

Day

Age

Years

68

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Talbot Co. MD,

Occupation

Inmate County Home

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
InformationJohn DeGenchy,
for M.S.How related
to deceasedSupt,
County Home

CAUSES OF DEATH

Primary

Mitral Regurgitation & Nephritis

How long

1 year

Immediate

Anemia & Coma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Mrs J. Seymour

Address

Trappe MD

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Amos W. Stirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

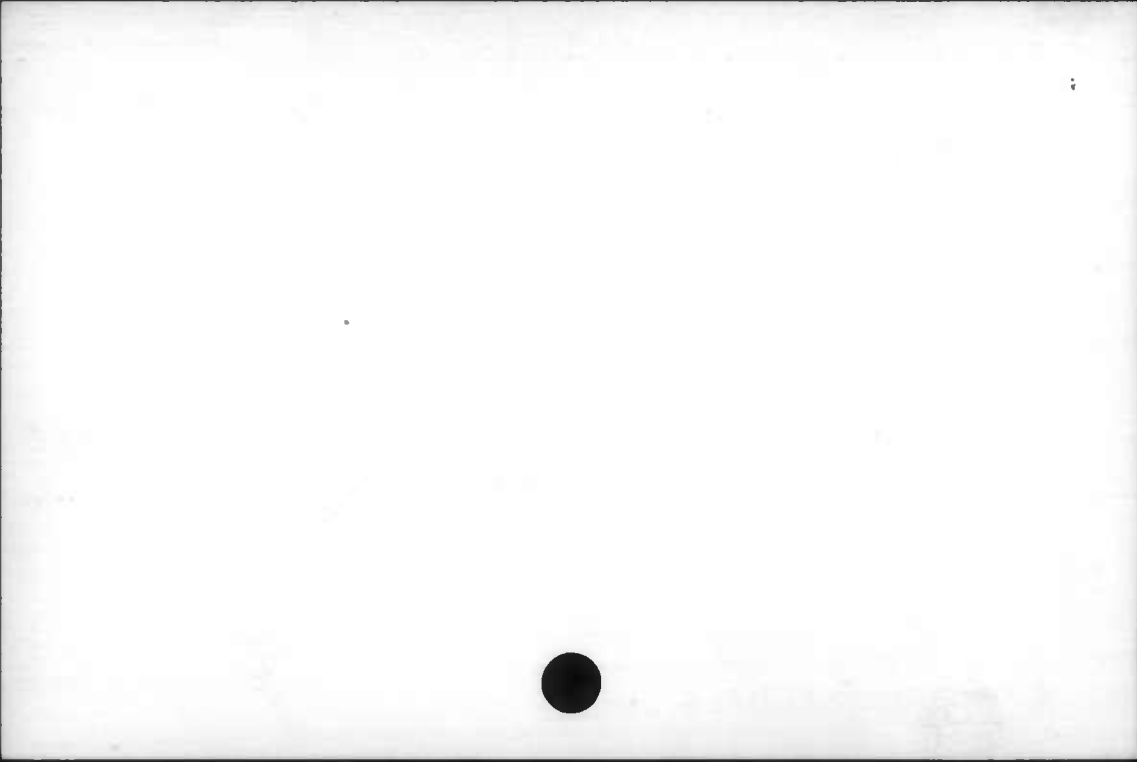
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		190	Month 9	Day 20	Age 3	Months 5	Days
Sex Male		Color or Race White		Birth- place Calvert Co			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Levi A. Stirk				Father's Birthplace Pine Grove Pa	
Mother's Maiden Name		Minnie K. Hoffman				Mother's Birthplace Allentown Pa	
Name of person giving information		Father				How related to deceased	

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	Mastoiditis	How long	4 wks
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. J. Davidson	
Address		Easton Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Stillborn child of Edw. & Mattie Thomas

Born dead Town

County

MARYLAND

Died at

Easton

Talbot

Date

of death 1909

Month

Nov

Day

18

Age

Years

Still born

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Easton, Md.

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Edw. C. Thomas

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Mattie Shannahan

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Internal Injuries as result of tortion

How long

1/2 hr

Immediate

Asthenia

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

P. L. Travera

Address

Easton, Md.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullRebecca H Zucker
Town Easton County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

190

9

Month

Nov

Day

28

Age

Years

75

Months

5

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

lady

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel E. Zucker

Father's
Name

William Murdoch

Father's
Birthplace

England

Mother's
Maiden Name

Juliet Sheppard

Mother's
Birthplace

Md.

Name of person giving
Information

Samuel E. Zucker

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Paralysis & old age

How long

6 yrs

Immediate

Exhaustion

How long

a few weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. R. Tripp

Address

Easton

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr Miller

North Barn

Edge Road

Long Island

aka Eric's

John Rachel

Shuffham

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cordova</i> ^{Town}		<i>Talboth</i> ^{County}		MARYLAND	
Date of death	1909	Month	11	Day	10
Sex	Male	Age	82	Years	Months
Color or Race	White American	Birth-place	Talboth Co. Md.	Days	10
Occupation	Farmer	Where Residing if not at place of death	Talbt Co. Md.		
Married, Single or Widowed	Widower	Name of Wife or Husband	Lebora Knotts		
Father's Name	Thomas Jennings Warren	Father's Birthplace	Md.		
Mother's Maiden Name	Don't know	Mother's Birthplace			
Name of person giving information	Mariah Jump	How related to deceased	Daughter		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Nephritis (Chronic)	How long	2 years
Immediate	Cerebral - Apoplexy	How long	1st attack 2 m. ago
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. Stille
		Address	Cordova Md
Accident or Suicide?			

